

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/28/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15E247		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 06/13/2011	
NAME OF PROVIDER OR SUPPLIER ST PAUL HERMITAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 501 NORTH 17TH AVENUE BEECH GROVE, IN46107			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K0000	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 06/13/11</p> <p>Facility Number: 000391 Provider Number: 15E247 AIM Number: 100274990</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, St. Paul Hermitage was found not in compliance with Requirements for Participation in Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This facility was surveyed as two separate buildings due to the construction types of different portions of the building. Building 0102 consisted of the one story health care center constructed in 1997 was determined to be of Type II (000) construction fully sprinklered. Building 0102 had smoke detectors located near</p>			K0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K0144 SS=F	smoke barriers and in resident rooms. Building 0202 consisting of the ground floor of the fully sprinklered three story building with a basement adjacent to the health care center was determined to be of Type I (332) construction. The ground floor of the adjacent building was surveyed due to the presence of the therapy room in that building. Building 0202 had a complete corridor smoke detection system. The facility has a capacity of 52 and had a census of 52 at the time of this visit. Quality Review by Robert Booher, REHS, Life Safety Code Specialist-Medical Surveyor on 06/14/11. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:						
	Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. Based on interview and record review, the facility failed to ensure emergency power would be transferred to the emergency generator within 10 seconds of building power loss for 12 of 12 months. NFPA 99, 3-4.1.1.8 states generator set(s) shall			K0144	To correct this deficiency, we have added to the log sheets a space to log the seconds for time of transfer. This will be checked weekly.		06/21/2011

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	<p>have sufficient capacity to pick up the load and meet the minimum frequency and voltage stability requirements of the emergency system within 10 seconds after loss of normal power. NFPA 99, 3-5.4.2 requires a written record of inspection, performance, exercising period and repairs shall be regularly maintained and available for inspection by the authority having jurisdiction. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of "Weekly Generator Inspection Sheet" documentation with the Maintenance Coordinator from 9:40 a.m. to 11:20 a.m. on 06/13/11, monthly load tests are documented on the weekly inspection sheet and monthly load tests for the twelve month period from 06/01/10 through 05/24/11, but they do not record the time to transfer building power to the emergency generator. Based on interview at the time of record review, the Maintenance Coordinator acknowledged monthly load test documentation does not include the time to transfer building power to the emergency generator.</p> <p>3.1-19(b)</p>						

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